

ART. VIII.—*Ostracism for Consumption.* By E. HOLDEN, M. D., of Newark, N. J.

THE following remarks are based upon personal observation at the principal resorts for consumptives both of this country and of Europe, and are not open to the objectionable bias peculiar to the invalid who has sought them for health.

It is lamentable that in an era which it is no exaggeration to call the era of banishment for consumptives, so little reliable information should be at hand, and the books, essays, and elaborate details that can be obtained are but too often the ventilation of pet theories, or the biased opinions of interested observers. The miserable experiences of Rio de Janeiro, and more recently of Iceland, are painful examples of the former, while in reference to the latter it might be invidious to particularize.

We read the dazzling descriptions of the shores of the Mediterranean, Madeira, Egypt, and Syria, on the one hand, and of Minnesota, New Mexico, California, or Florida on the other, and find the authors have vied with each other in drafts upon poetic imagery and the resources of language. All is *couleur de rose*, but the writer is rarely found to have visited any other than the locality praised, and the poor invalid, or too often his physician, decides in favour of the climate whose champion paints the most alluring picture.

Hundreds are said to recover; even the worst need not despair; thousands are made better, &c.; but the thousands who die are not mentioned. Even the wretched invalid himself, slowly and steadily running down to the dark river, nerved by contagious enthusiasm and with the well-known delusion so peculiar to the disease, often adds his most earnest though mistaken testimony. This is, moreover, singularly true of localities whose characteristics are the most diverse. From the snow-covered hills of Iceland to the scorching plains along the Nile, frigid, temperate, or torrid, we are persuaded to believe that each is the special Eden of rest and safety. We have in fact a parallel to the testimony in favour of any of the most prominent among the charlatans and empirics of the present day.

There are dozens of clairvoyants, astrologers, and pseudo-scientific men in the United States who have their crowds of believers, and concerning whom favourable testimony is circulated with as fervent assiduity as concerning any climate in the world, and but that the field is wider in the one case with always a grain of truth that the other does not possess, the parallel holds good.

There are two singular facts to be noticed in every resort for invalids: one, that the season is always a very unfavourable one, such as was never before noticed; and the other, that every one who fails to improve has come too late, a month or a year sooner would have been the thing, &c.

Another fact, and one that furnishes a commentary on the subject, is that, like the prophet who is not without honour save in his own country, the invalid's own or the neighbouring climate fails to show any particularly roseate hue, and he yearns for some distant Elysium.

There were last winter, during my stay at Mentone, two gentlemen from Minnesota for pulmonary troubles whose disease had been contracted in the most healthful portion of that certainly healthful State. The same thing is frequently noticed in Florida, and *vice versa* in Minnesota. The inference is a plain one, *not* that the reputation of these resorts is a purely fictitious one, but that however conducive to general health the influence of any particular climate may be, there will be found other special and potent influences to have been at work in the cases of recovery from phthisis. Still farther, that as in every other department of our profession, the remedy in question cannot be indiscriminately applied.

It is probable that the chief of errors in this matter lies in the fact that some specific curative property is believed generally to exist in the air or surroundings of any given locality, an error that is unhappily not confined to invalids alone. The next great error, and which follows almost as a corollary to the first, is, that there is anything or has ever yet been found anything which is actually a specific for the disease in question. That we may be clear, let it be understood that not the pseudo-inflammatory form is meant, which pathologists will probably yet unite in styling by some distinctive title, but tubercular phthisis, tuberculosis, consumption.

If we strip ruthlessly off the tempting garb that the cellular pathology of the day has thrown over observers and observations alike in regard to phthisis, we may well ask ourselves where lies the kernel in the gigantic growth—this result of years of scientific industry.

The very success that has followed the use of cod-liver oil and the phosphates, exhibits plainly the fact that we have known the disease by certain familiar characteristics only, that we have recognized a mal-nutrition, and instead of correcting this are able only to supply more readily assimilable material for nutrition—in other words, instead of bringing up the assimilative power to the healthful standard, we adapt its work to its weakness. Nor is this the less true whether we adopt the views of Virchow, of Niemeyer, of Williams, of Bennett, of Buhl, of MacCormac, or any of the numerous writers who have advocated peculiar views of the characteristic essence of the disease. And here may be well suggested the real effect of change of climate, viz:—

Having this unknown secret foe, and familiar only with its distinguishing features, a healthful locality may be assumed the chief essential to improvement, and even admitting that a locality may be worthy of the term healthful, if healthful to the largest number, yet the very word as applied to a climate includes for the diverse demands of civilized humanity the idea of *adaptation*, and in adaptation we have the key-note to its successful

application to phthisis. To be more explicit, every health resort originally selected as such for purity of air or water, freedom from sudden changes of temperature, moisture, &c., has without doubt certain distinguishing characteristics, such as a stimulating action upon the nervous system, or the opposite, tendency to produce or relieve hepatic or portal torpor, or persistent sedation of integumentary circulation, or the opposite, &c., and in each locality these characteristics are at once either beneficial or the reverse to the sensitive consumptive, however inert in their influence upon the sound.

Unfortunately there often exists familiarity with but one phase of climate in this particular; an invalid exhibits a constant tendency to pulmonary hyperæmia and hæmoptysis, and it needs but little science to determine that he would be unlikely to improve in a climate where the whole integument is kept blanched and bloodless by a low temperature at the expense of engorged viscera, yet even of such cases numerous examples are not wanting at health resorts, and often unfortunately through the mistaken judgment, to call it by no worse name, of physicians. Having then pure air and a climate adapted to necessities, we remove the chief obstacles to the assumption of nature's mysterious and always curative sway, while a proper supply of assimilable elements of nutrition arrests or rather balances retrograde metamorphosis—the consumption of tissue.

If we accept this view, and fairly acknowledge that our present pathology, although contributing to far greater success than any of the past, yet only approximates the truth, we do not exclude the hope that the discovery of the real essence of tuberculosis, the “Reiz,” the condition, the fault, which decides the “origo” of this “commencing decay” (or as Dr. Southey in his work on the “Nature and Affinities of Tubercle” expresses it by the apt quotation

“The rift within the lute
That by and by will make the music mute”),

and which is the missing element in the admirable pathology of the age, is not far away.

To return to the matter in hand, let us analyze any number of cases of convalescence in three or four of the chief resorts for pulmonary disease, *e. g.*, the open sea, Florida, Minnesota, and the South of France, and what are the elements—freedom from customary care and anxiety—change of scene, variety, amusement, and relaxation—a strong confidence and hope of improvement—exercise without fatigue, freedom from changes of temperature, or the combined deleterious effects of heat and moisture, and chiefly pure air—and yet with these albeit invariable requisites alone, only a small proportion recover.

One-half or two-thirds as is asserted of Minnesota is assuredly an exaggeration, and in almost every melancholy failure that has come under

my own observation the essential element has been overlooked, viz., *adaptation* to idiosyncrasy of individual.

In all resorts a common remark of invalids who find themselves either at a standstill or becoming worse, is, "I never did feel well in this kind of climate, and, though beneficial to some, it doesn't suit me." Farther than this, those whose means and strength have permitted, who have gone from one resort to another find, if not made worse by exhausting travel, that some one of the places promoted improvement more than any other; with what an increased chance of success would the invalid have been banished from home if the home-physician had been able to decide upon the proper resort at the outset. Everywhere there may be found invalids who shiver over their scanty fires or languish beneath exhausting heat, whose own personal experience is outraged in their ostracism, and who would if they had been but asked the most simple questions as to individual peculiarities and needs, have been saved bitter disappointment and regret. It is, however, by no means meant to be assumed always an easy matter for a physician to advise judiciously on so serious a subject, and a moment's reflection should convince that it is a grave duty both to seize upon every opportunity for qualifying one's self to give such advice and to use every means to withstand the current of opinion that leads so many to banish invalids from home without consideration. It requires but to ask the basis of this popular opinion to ascertain its weakness. Only those who recover spread the praises of the locality where they found health, and two-thirds at least of these had no tubercular disease at all, but broken by overwork and anxiety, they could not but improve under the beneficial influences already enumerated. The numberless invalids in their sick-rooms at your hotel are as overlooked as they are silent, and the ceaseless tide pouring homeward to die are as voiceless in testimony as the dead who have preceded them.

The tendency toward this therapeutic ostracism gathers volume with every year, and the man who adds a syllable in favour, unless qualified as advice should be in regard to every other therapeutic agent, only places himself in the reprehensible position of those who vaunt their syrups or cordials or golden pills as panaceas.

Aside from a marked diversity of influence as regards localities remote from each other, famed climates possess intrinsic diversities usually dependent upon geographical subdivisions, *e. g.*, in Florida the delightful temperature of Indian River, under the direct influence of breezes from the Gulf Stream, often dry and stimulating, differs materially from the perpetual summer warmth of Enterprise, or the atmosphere of Jacksonville, St. Augustine, or Magnolia, albeit this very peculiarity of the climate of Florida is one of its excellencies, the localities named being accessible from each other, and opportunity for change and variety comparatively easy. The malarious influences, moreover, differ in intensity in different parts. The same is true of Mentone, San Remo, and Nice. At the former place

a vast amphitheatre made by a ridge of the Maritime Alps on the north, east, and west, with the Mediterranean on the south, is divided into two by a promontory on which is built the old town, and as a consequence the eastern curve is the most sheltered from cold northerly winds, and is somewhat less liable to change of temperature. Nice, too, once famous throughout Europe for pulmonary ills, has a climate ranging in a remarkable degree both as to its influence in remote sections of the town, and as to the precise month of the year at which a visit is likely to be made. Romantically fashionable, it is often windy and dusty, and becomes in the spring, a most dangerous resort. The climate is well styled stimulating, for surely nothing can be more so to a diseased and sensitive pulmonary tissue, than clouds of lime-dust aided by chilling winds from the northeast, or the mistral from the mountains of the northwest. To speak thus from personal experience corroborated by testimony of numerous individuals, invalid and otherwise, taken on the spot, of a climate once lauded as almost that of Paradise, will perhaps both serve as the example intended, and emphasize what has been said in reference to thoroughly understanding the peculiarities of the locality we recommend.

Is it, however, possible to secure the adaptation which has been so dwelt upon, and which necessitates the study of our patient in a new light? My own conviction is that it is more than possible, and that the banishment of consumptives may yet be reduced to a science productive of marvellous success.

The open sea, or, better stated, a long sea-voyage, has been placed first among the few resorts enumerated. Testimony in support of such preference could be adduced to fill volumes, and the voices of many of the eminent observers of the day are united in respect to it. An experience of several years at sea, in addition to observation among those journeying back and forth from their winter retreats, enables me to speak somewhat positively on this head.

It is singularly true that the influence of a sea-voyage is *more generally* successful in improving the condition of consumptives than that of any individual climate, nor does it seem of great importance whether the voyage be through warm or cold latitudes, provided of course the excess of the Tropics and Arctics be avoided; and the trite observation among sailors, that "you never can take cold at sea," is, although not universally true, significant of an extended observation grown to a proverb.

There are, undoubtedly, many exceptions to the beneficial influences of a sea-voyage, growing out of removable causes, such, for example, as undue exposure on deck, imperfect protection of feet and limbs, too short a voyage, and especially voyaging only within the influences of coast breezes. The latter statement will probably explain to many minds the numerous cases that appear exceptions to the beneficial influence of sea-air. There are but few consumptives who feel better near the sea-coast,

whether on land or sea, yet the very persons who grow ill and weak or suffer immediately from derangement of the bowels in such localities, feel speedy improvement when once out of green water and fairly off soundings. Even the coasts of Italy and Sicily, of Syria and Africa, afford no exception to this rule, and the apparent exception of the southern coast of France is only apparent since the frequent breeze from the ocean, that is so delightful and beneficial in that locality, is but a deflected land breeze that has crossed the mountain tops and strikes the sea about a mile from land. It is indeed the chief objection to a sea-voyage that a guantlet has to be run involving no little hazard; the delay in harbor, the necessity often for keeping close in shore, and the frequency of chilling winds in such localities, expose the invalid to inflammatory exacerbations or complications that the most favourable subsequent influences may fail to overcome. The two objections usually urged against a sea-voyage, viz., sea-sickness, and ennui, are almost always exaggerated, since, with scarcely an exception, both are self-limiting and rarely last more than a few days. The first in fact seems really beneficial, and is followed by a keenness of appetite to which the patient may have been long a stranger. The question is moreover frequently asked, "How about my tendency to hemorrhage? Will I not bring it on by retching and vomiting?" After careful and extended inquiry, I have become convinced that the answer may be safely and positively, "No"—and an interesting case recurs to me of an assistant surgeon in the navy (Dr. R.) who exhibited on shore a marked tendency to hæmoptysis, but who, though always a victim to sea-sickness, not only had no such trouble at sea, but experienced great relief from distressing dyspnœa. He suffered also from cough only when on soundings.

Still, although the depression of pulse that accompanies nausea may even be a safeguard against hæmoptysis, yet it cannot be denied that there may be exceptional cases of great excess, in which straining with ineffectual effort to vomit may induce hemorrhage.

In respect to ennui, however, it may be observed that while the monotony of a sea-voyage is for a while almost intolerable, yet, when not accompanied by home-sickness, it soon becomes to the invalid the most beneficial and luxurious rest.

It is, of course, unnecessary to add, that in every banishment from home it would be madness for an invalid to expect improvement if without the companionship of near friends or relatives; home-sickness and loneliness being but too surely the foes of convalescence.

By those who seem to have a lingering faith in the actual curative properties of climate, attempt has been made to ascribe the chief benefit at some localities to a saline condition of atmosphere. Experiments have been somewhat recently made, in the Genoese Riviera, to establish this property in the breezes that sweep shoreward from the Mediterranean, and the fact that blue sea-water owes its depth of colour to excess of salt seems to

lend plausibility to the idea. The success of the experiments implied by both Drs. Bennett and Lee has not, however, been attained in my hands, even with the most sensitive plates, *except* during a breeze sufficient to load the air with actual spray, and then only at a comparatively short distance from the shore, and rarely on the habitable level.

At sea, however, it is very common to find the air thus laden, and a tub of fresh water exposed on deck in any breeze will, within twenty-four hours, show sufficient salt to the test of nitrate of silver to give a cloud of the chloride. That such atmosphere at proper temperature should be directly beneficial to a diseased membrane, accords with daily experience in treatment of nasal or bronchial catarrh by means of Thudichum's apparatus or the steam atomizer.

This property of sea-air, moreover, accompanied by purity, a freedom from customary cares, the almost impossibility of fatigue, together with the other adjuvants to convalescence already mentioned, seems to offer in the highest degree to certain classes of consumptives the hope of relief. Yet there are, perhaps, many for whom such resort is not available, *e. g.*, those who have not the means to go with every comfort and the companionship of near friends, those who suffer from home-sickness to a great degree, but especially those who suffer from rheumatic or inflammatory complications. Those whose disease is far advanced are not added, for the most ordinary judgment enjoins that the banishment of a dying invalid to any quarter or locality whatever be made only if there be a full consciousness of the danger and *a complete resignation to death, however soon it may come*, fully recognizing the smallness of the prospect of benefit; and this exception is but a just one, for many an invalid has been carried on board ship (and I speak from personal knowledge) in an apparently helpless condition and lived long to bless the hand and voice that dictated the change. It is, in fact, too often but cruel mockery to say "Oh, you should have gone earlier before your disease was so far advanced," thus ascribing to delay alone a failure due only to a miserable mistake.

In what respect, indeed, does the selection of a retreat for an invalid differ from that of any other remedy? Does not the difference in success between one physician and another often lie in the judicious selection of remedies, and not in an outline knowledge of mere general properties, and are age and experience more than synonyms of skill in their adaptation! There may be found in every resort for consumptives, those who after weeks of trial are at least not improved, yet who linger hopefully after the stimulus of novelty has subsided, being precisely, in fact, in the condition of the patient who having received one prescription from a physician persists in its use long after common sense and the continuance of the disease should have dictated farther counsel.

But to return: the efficacy of a long sea-voyage is gradually becoming

more evident, and in the climatic treatment of phthisis is most deservedly assuming its rank among the curative measures within our reach. The testimony even of those who have simply crossed the Atlantic on their way to Italy, Madeira, or Syria will be almost universally found in its favour.

Within a week after losing sight of land, the cough frequently subsides or changes in character, dyspnoea is relieved, the appetite returns, and with it a sense of new vigour and hope of recovery.

Many thus benefited have prolonged their voyage, and the cheap rates of passage on sailing ships with their maximum of comfort, and their desirable length of voyage, are offering favourable opportunities within the reach of purses not particularly long. The voyage to Cape Horn, Sydney, and thence to San Francisco by sail, offers to those brave enough to endure it, all the advantages of mild climate, novelty, variety, and indeed all the combined benefits to be looked for in a sea-voyage, and this route is already resorted to by sufferers.

It may be interesting in this connection to refer to a prevalent opinion among consumptives who try the sea, that shows how current beliefs may usually be found based upon proximate though distorted truth, *e. g.*, there is usually a dread lest they may *not* be sea-sick, as all who escape are supposed to be too far gone to recover, whereas, the truth is, simply that consumptives are less liable than others to the annoyance.¹

As the object of this article has been simply that of a protest against the growing recklessness in sending patients who fail to improve out of sight, and to assert and maintain that a gratifying success may yet be attained by studying consumptives from a different standpoint, any attempt to indicate precise rules applicable to successful discrimination of cases may most properly be referred to a future occasion.

With reference, however, to resorts in the Eastern Hemisphere, nothing of general applicability could be added to the admirable chapter on change of climate, in the work of Prof. Walshe on diseases of the lungs.

As to American resorts, however, with which foreign authors seem so little familiar, it may be briefly stated that Florida comes correctly under Group II. in the work referred to (with Madeira and Palermo).

Aiken, South Carolina, under Group IV., since more than any other American locality it approaches the climate of the Genoese Riviera, while Minnesota, finding no counterpart in the long list, might form a supplementary addition to Group VI. (Places of which the favourable influence is mainly dependent on their altitude above the sea level) a clearer defini-

¹ A number of cases of patients and former friends were prepared as bearing upon this portion of the subject, but are omitted in the belief that what is above written will find ample corroboration in the observation of every one whose experience extends even no farther than a voyage at the right season across the Atlantic.

tion for this individual locality being, however, that of a climate essentially dry and cool, with keen stimulant quality upon the *vascular* system more or less predominant, in contradistinction to that of Mentone, which so markedly stimulates the nervous system.

In reviewing the whole subject, there is one reflection that cannot but force itself upon us, viz., that after all, change of climate, invaluable and promising as it is, as a curative measure for consumption, must yet fall far short of general applicability, since its successful prescription implies *means*, and means in abundance.

It has already been said that it would be madness for a patient to leave home without near and dear friends, but without ample means it is suicide, and worldly and paradoxical as it may seem, there has been no truth more strongly forced upon me than that—life, like every other blessing, is purchasable with money.

ART. IX.—*Case of Fibrous Stricture of the Rectum relieved by Incisions and Elastic Pressure; with Remarks.* By WM. R. WHITEHEAD, M.D., of New York, Physician for Diseases of Women, at the Northwestern Dispensary, Fellow of the New York Academy of Medicine, etc. (With three wood-cuts.)

THE following case of stricture of the rectum was operated upon recently, at my clinic at the Northwestern Dispensary, and a somewhat novel and painless method of dilatation was adopted after the incisions. It has proved to be so effectual that possibly the case may be thought worth recording, together with a few remarks on stricture of the rectum, the pathology of which does not seem to have been generally well understood, even by those who have written special treatises on diseases of the rectum.

Mrs. P., æt. 38, was married nine years ago, and has been a widow since eight years; no children; one miscarriage at the fourth month; she has never been well since. A year after her marriage she noticed about the labia and anus some sores which were long in healing, and which appeared successively one after the other. She frequently examined herself with a mirror. The sores finally healed, after persisting several months, and at one time she saw at the anus a crack, which was excessively painful, especially while at stool. Not long after the sores had healed, she was troubled with diarrhœa, and a muco-purulent discharge from the anus. During the last eighteen months this discharge was quite puriform, and at times escaped involuntarily, and compelled her to wear a napkin to prevent it from soiling her garments. Occasionally she had constipation with pain and flatulent distension of the abdomen, succeeded by diarrhœa and a more copious discharge of pus from the rectum. Her husband once had some trouble about his testes. Mrs. P. presented in her own history no evidences of constitutional syphilis. There were no eruptions on the skin